

MEDICARE

Pressure Ulcers: Stages and ICD-9 Coding

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Definitions

- Pressure ulcers are localized injuries to skin and underlying tissues associated with pressure and also with friction, immobility, poor nutrition, hard surfaces, and existing scars.
- The stages:
 - I – persistent erythema (no actual ulcer)
 - II – shallow ulcer or abrasion – skin remains
 - III – Through the skin into subcutaneous tissues
 - IV – To bone, tendon, or muscle

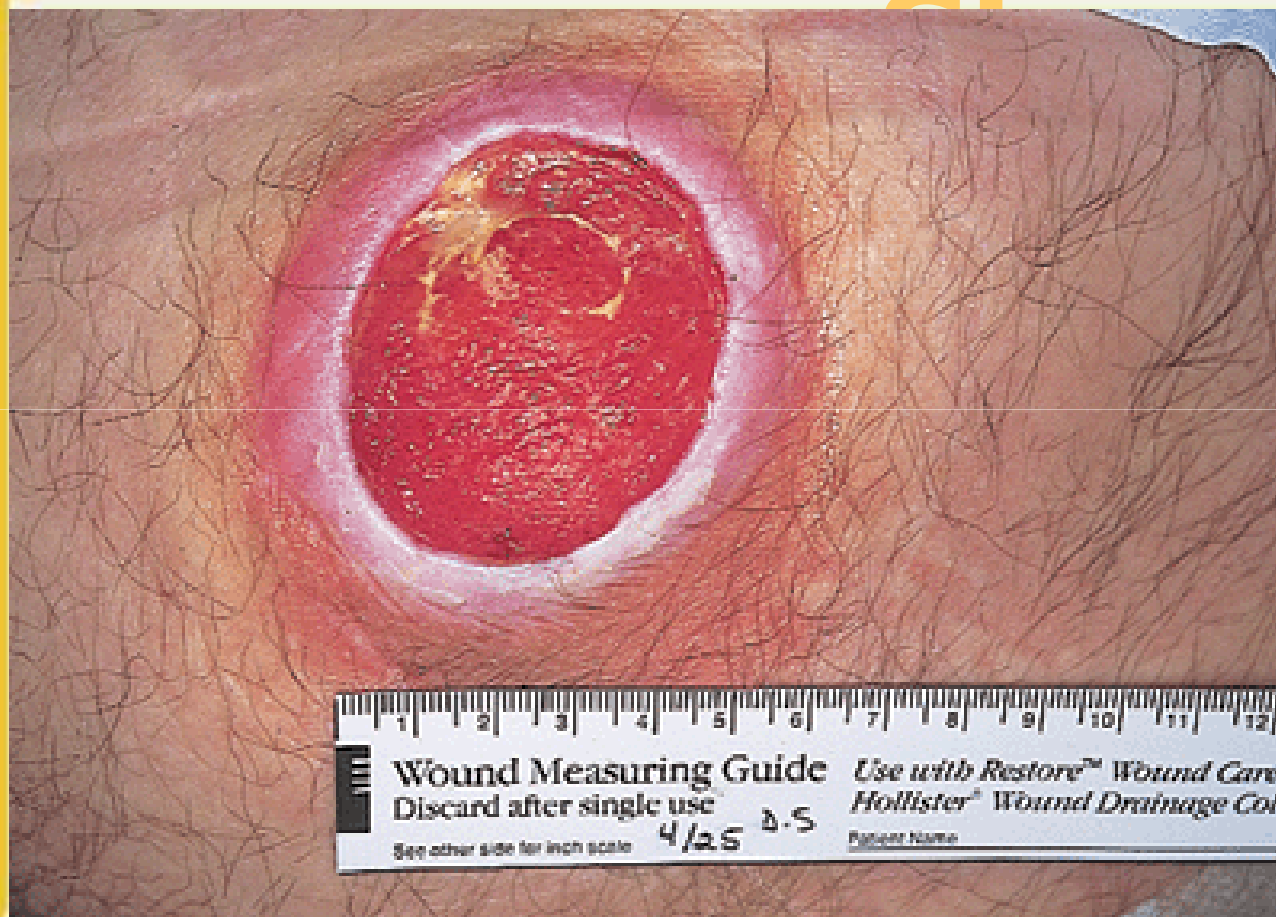
STAGE I



Stage II

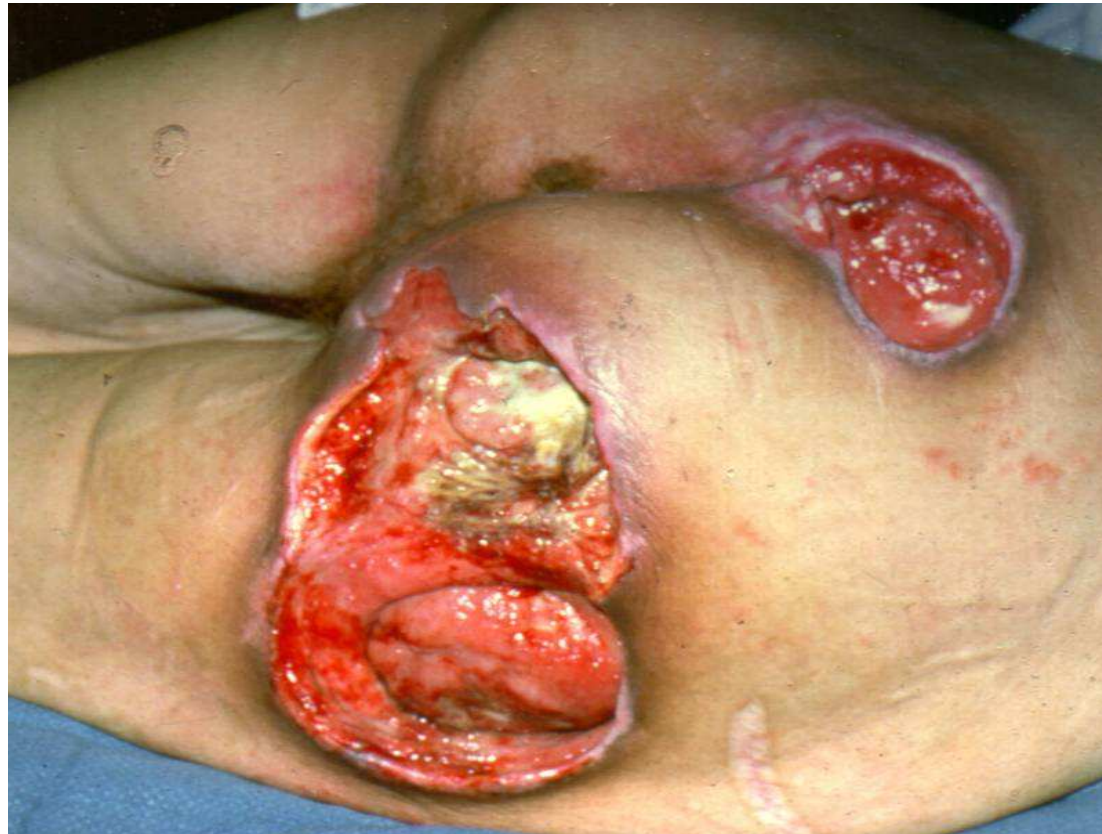


Stage III



III

Stage IV



Why (Temporarily) “Unstageable?”

- Some lesions are known but not able to be examined at a particular time – e.g., under a dressing or not debrided
- Some lesions are covered by an eschar or blister and best practice is to let healing take place until the skin breaks down
- Some lesions are injuries in evolution, for which the eventual extent of injury is unclear until the dead tissue demarcates

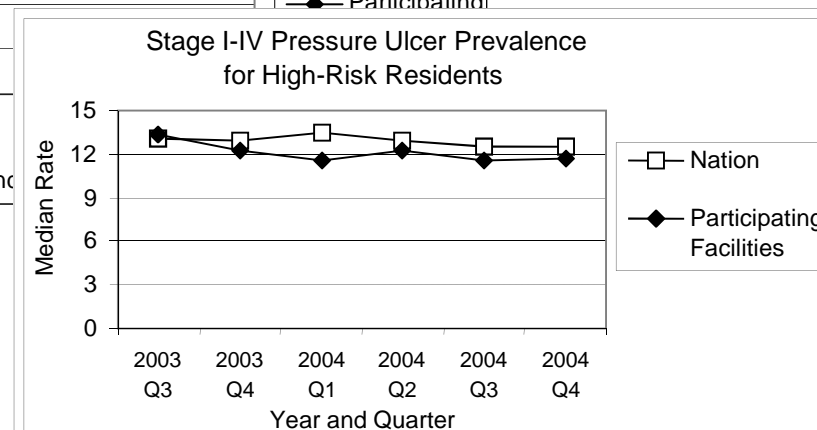
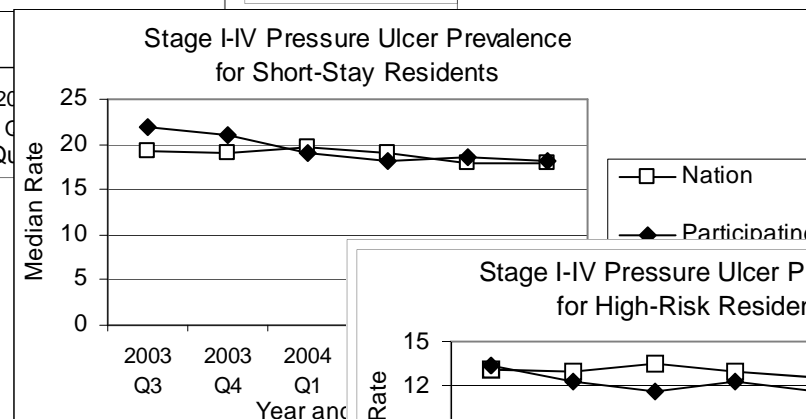
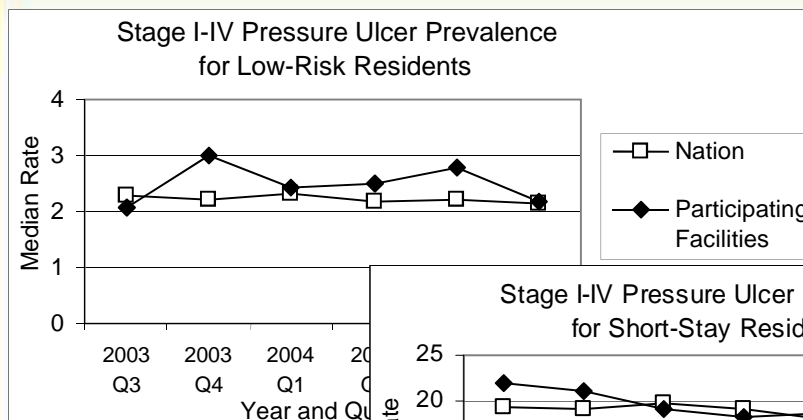
Why Stage?

- Stage III and IV cause most of the suffering, care burden, and complications
- Stage III and IV appear to respond well to improved practices
- Stage I and II are (mercifully) much more common
- Stage I is not very reliably detected
- Combining all stages makes improvement hard to track

For example – the National Nursing Home Improvement Collaborative

- Three dozen nursing homes
- Reporting data over more than a year
- While improving care practices

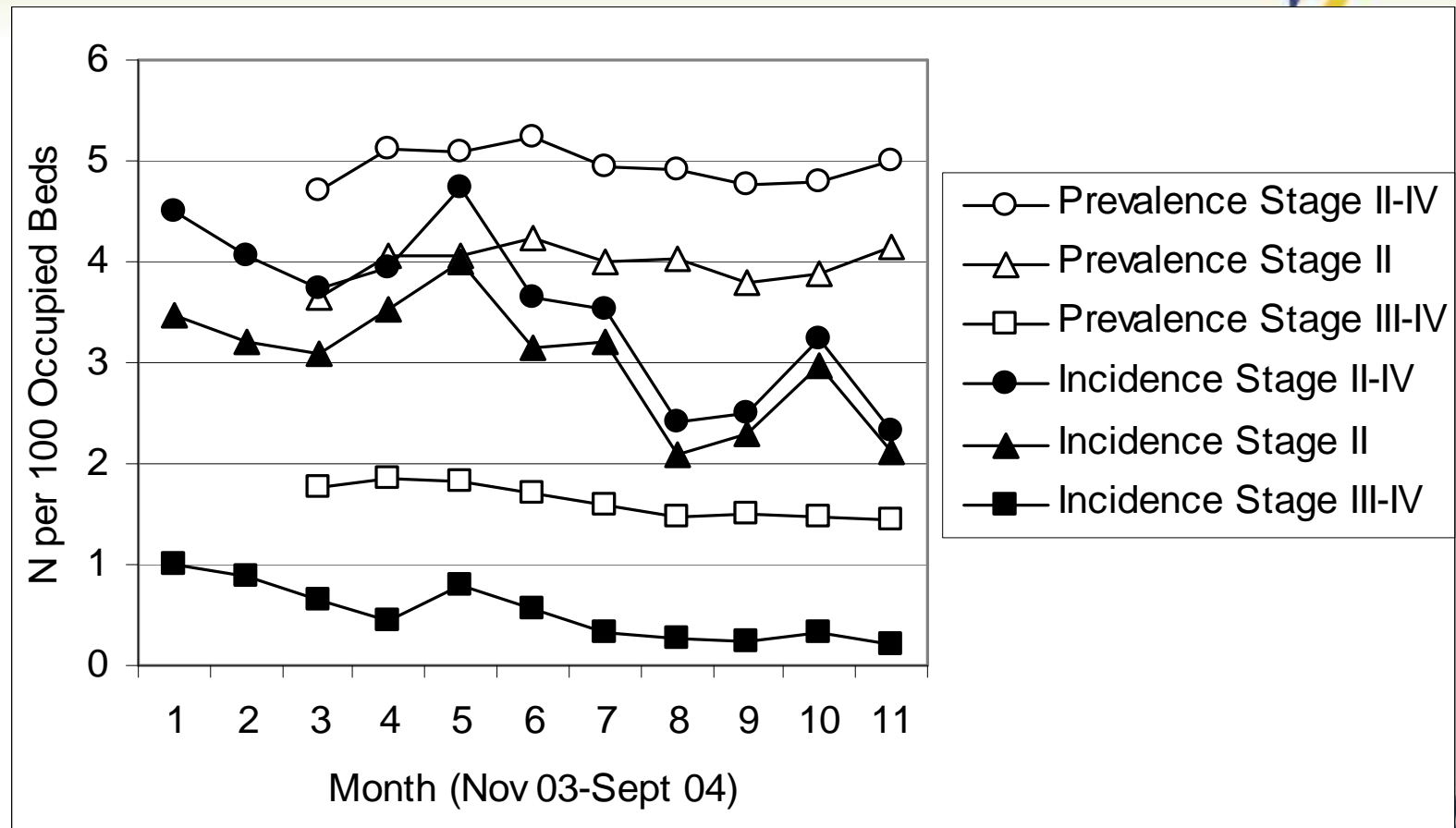
No Change in Combined Stages I-IV



BUT – Major Reduction in Stage III/ IV

New Pressure Ulcers <small>per 100 Occupied Beds per Month</small>	First Quarter Median	Last Quarter Median	p- value
Stage II to IV	3.2	2.3	0.025
Stage II	2.6	2.0	0.164
Stage III or IV	0.31	0	<0.001

NNHIC results



Measurable Components of Quality

1. Assessment of risk
2. Mitigation of risk – prevention
3. Rapid detection, characterization
4. Low incidence, low prevalence
5. Rapid healing of Stage 2
6. Aggressive healing of Stage 3 and 4

About Measuring Quality Care

- Stage I has poor reliability (e.g., dark skin)
- Stage II incidence may respond only weakly to improved practices
- Stage III/IV incidence responds to improved practices
- Most Stage II can heal within a month
- Most Stage III/IV can heal, but slowly.

Multiple functions for CMS measurement

- Quality measures
- Quality monitoring and improvement
- Payment
- Pay for performance
- Evidence of effectiveness
- Practicality, burden

Proposed Minimum Data

- PU – Yes or No
- Risk Evaluation timely – Yes or No
- N at stage II, III/IV, and unstageable
- N by stage, incident with this provider
- N Stage II healed within a month
- Length, width of largest Stage III/IV
- Follow up on unstageable

Reasons to change the Coding

- To enable tracking incidence and prevalence of Stage III/IV pressure ulcers (which cause suffering and nursing costs)
- Separately from Stage II (which are indicators of risk but much less harmful)
- To treat Stage I as a risk factor
- And thereby to enable cross-setting improvement activities

The proposed changes

707 Chronic ulcer of skin (no change)

707.0 Decubitus (pressure) ulcer (no change)

707.2 Decubitus (pressure) ulcer stages

707.20 – NOS, unstageable

707.21 – Stage I

707.22 – Stage II

707.23 – Stage III

707.24 – Stage IV

Support for the proposal

- CMS – multiple op-divs (survey and certification, clinical standards and quality, Medicare management, etc.)
- CDC – multiple op-divs (healthcare quality promotion, surveys, classifications)
- Experts from the professional wound care community